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FACSIMILE TRANSMISSION COVER SHEET

TO: Examiner Bena Miller
FAX NO.: 703-746-3223
FROM: Jennifer Moore
DATE: March 9, 2004
RE: Application No. 09/704,028
OUR REF: LTTKP6322US
PAGES SENT (Including cover sheet): 5

MESSAGE

Dear Examiner Miller:

Attached is a copy of the RCE, Petition for Extension of Time and return postcard mailed on December 4, 2003 for the subject application.

Please let me know if you need anything further.

Sincerely,
Jenn Moore
Assistant to Don Bulson

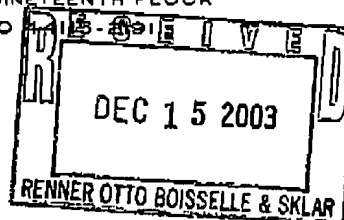
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RENNER, OTTO, BOISSELLE & SKLAR, LLP

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CLEVELAND, OHIO 44115-2191

44115/2191

Applicant <u>Lenihan</u>		Case No. <u>LITCEP322MS</u>
Serial No. <u>09/704,028</u>	Filing Date <u>11/1/00</u>	Atty <u>OWB</u>
Title <u>TOY KITCHEN SET WITH REPOSITIONABLE ISLAND</u>		
Mailed <u>12/4/03</u>	Due Date <u>12/2/03</u>	Ex. Mail No. _____
<input type="checkbox"/> Patent Application (<input type="checkbox"/> New <input type="checkbox"/> CON <input type="checkbox"/> DIV <input type="checkbox"/> CIP <input type="checkbox"/> CPA <input type="checkbox"/> PCT <input type="checkbox"/> Provisional)		
<input type="checkbox"/> Transmittal/Request	<input type="checkbox"/> Declaration/Power of Att.	<input type="checkbox"/> Express Mail Certification
<input type="checkbox"/> Pages of Specification	<input type="checkbox"/> Assignment & Cover Sheet	<input type="checkbox"/> Issue Fee Trans.
<input type="checkbox"/> Sheets of Drawings	<input checked="" type="checkbox"/> RCE	<input type="checkbox"/> Main. Fee Trans.
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> IDS/1449/Rev. 1	<input type="checkbox"/> Off. Draftsman
<input type="checkbox"/> Request for Non-Publication	<input type="checkbox"/> Priority Document(s)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Decl. Sec. 8 & 9	<input type="checkbox"/> Appeal Brief
<input checked="" type="checkbox"/> Transmittal <input checked="" type="checkbox"/> Ex. of Time	<input type="checkbox"/> Ren. Sec. 8 & 9	
<input type="checkbox"/> Trademark/Service App.	<input type="checkbox"/> Checks \$ _____	
<input type="checkbox"/> Specimens <input type="checkbox"/> St. of Use		
<input checked="" type="checkbox"/> Other <u>PTO - 2038</u>		

RECEIPT ACKNOWLEDGED